FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An	Authorized Committee		Offic	e Use Only
1. NAME OF COMMITTEE (in full) USE FEC MAI OR TYPE OR				
Nita Lowey for Congress				
ADDRESS (number and street) PO Box 27	1			
Check if different				
than previously reported. (ACC) White Plai	ns		NY	10605
2. FEC IDENTIFICATION NUMBER \(\psi\)	CITY 🛦	S	TATE	ZIP CODE ▲ STATE ▼ DISTRICT
C00219881	3. IS THIS X	NEW (N) OR	AMENDED (A)	NY 18
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1)		n Report for the: ry (12P) x ention (12C)	General (12G) Special (12S)	Runoff (12R)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	Election on 1	1 07	2006	in the State of
January 31 Year-End Report (YE)	(c) 30-Day POST -Elect	on Report for the:		
	Gene	ral (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on			in the State of
5. Covering Period 1 0 1	2 0 0 6 th	rough 10	18	2006
I certify that I have examined this Report and to the Type or Print Name of Treasurer Richa	e best of my knowledge and be rd Melnikoff	lief it is true, correct a	nd complete.	
Signature of Treasurer Electronically Filed by	Richard Melnikoff	Da	ate 10	25 2006
NOTE : Submission of false, erroneous, or incom	olete information may subject th	ne person signing this	Report to the pena	lties of 2 U.S.C 437g.
Office Use Only			F	FEC FORM 3 (Revised 02/2003)

Image# 26930516995

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Nita Lowey for Congress м N 1 0 ° D 1 0 0 1 From: 2006 2006 Report Covering the Period: To: 18 **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 24900.00 1303007.74 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 0.00 6450.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 24900.00 1296557.74 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 127830.93 1034746.39 (from Line 17)..... (b) Total Offsets to Operating 0.00 549.89 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1034196.50 127830.93 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 1071939.02 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name Nita Lowey for Congress ° D 2006 10 2006 From: 10 0 1 18 Report Covering the Period: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 7800.00 964960.00 (i) Itemized (use Schedule A)..... 600.00 75687.00 (ii) Unitemized..... (iii) TOTAL of contributions 1040647.00 8400.00 from individuals..... 0.00 307.74 (b) Political Party Committees..... (c) Other Political Committees 16500.00 262053.00 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 24900.00 1303007.74 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 549.89 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 0.00 25349.82 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 24900.00 1328907.45

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	127830.93	1034746.39
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed		
	by the Candidate	0.00	0.00
	(b) Of all Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	5050.00
	(h) Political Party Committees	0.00	150.00
	(b) Political Party Committees (c) Other Political Committees		
	(such as PACs)	0.00	1250.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	6450.00
21.	OTHER DISBURSEMENTS	8950.00	402424.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	136780.93	1443620.39
	III. CASH SUMMA	NRY	
23.	CASH ON HAND AT BEGINNING OF REPORTING	PERIOD	1183819.95
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, pag	je3)	24900.00
25.	SUBTOTAL (add Line 23 and Line 24)		1208719.95
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line	e 22)	136780.93
27.	CASH ON HAND AT CLOSE OF REPORTING PER (subtract Line 26 from Line 25)		1071939.02

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 5/2/
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	/ not be sold or used by any perso	on for the purpose of soliciting contributions
\ <u>\</u>		name and add	press of any political committee to	Solicit contributions from Such committee.
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Efrat Abrams			Date of Receipt
	Mailing Address 1136 Fifth Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C6841842
	New York	NY	10128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer N/A	Occupation		Limit Increased Due to Opponent's
	Receipt For: 2006		Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Ann Bavar			Date of Receipt
	Mailing Address 615 Harrison Ave	10 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C6841471
	<u>Harrison</u>	NY	10528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Manhattanville College	Occupation Professo		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Shoshana S. Cardin			Date of Receipt
	Mailing Address 3624 Anton Farms Rd.			10 10 YYYYY 10 10 2006
	City	State	Zip Code	Transaction ID: C6835470
	Baltimore	MD	21208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	n	
	N/A	Retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	cycle-to-Date ▼ 2500.00	Sperialing (2 0.3.0. 441a(I)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			1250.00
 -	OTAL This Period (last page this line number	only)	·	

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 27
ITEMIZED RECEIPTS		or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar	ny information copied from such Reports and Stateme for commercial purposes, other than using the name	nts may	not be sold or used by any personal root of any pelitical committee to	n for the purpose of soliciting contributions
Or	-	and add	ress or any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
17	Nita Lowey for Congress			
\angle				
Α.	Full Name (Last, First, Middle Initial) Eileen Lehrer			Date of Receipt
Λ.	Mailing Address 1070 Constable Drive			-
	To Constable Drive			10 18 2006
	City S	tate	Zip Code	Transaction ID: C6841847
		Y	10543	Amount of Each Receipt this Period
			100-10	Amount of Each receipt this renou
	FEC ID number of contributing federal political committee.	:		2000.00
	rederal political committee.			
	Name of Employer Occ	cupation	1	
	N/A Ho	mema	ker	Limit Increased Due to Opponent's
	Receipt For: 2006 Ele	ection C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	-		1
	Other (specify) ▼		2000.00	
	_			·
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 18 Buckingham Drive			M M / D D / Y Y Y Y
		10 18 2006		
	•	tate	Zip Code	Transaction ID: C6841845
	<u>Alpine</u> N	J	07620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			350.00
	federal political committee.			000.00
	Name of Employer	cupation	1	-
	Ponn & Schoon Accoo		nsultant	Limit Increased Due to Opponent's
	- · · · · · · · · · · · · · · · · · · ·		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	011011 0	yolo to Bate V	
	Other (specify)		350.00	
	(opens), V		0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			†
C.	Lawrence Ruben			Date of Receipt
	Mailing Address #24 Purchase Street			M M / D D / Y Y Y Y
	Crossings at Blind Brook			10 16 2006
	City	tate	Zip Code	Transaction ID: C6838886
	<u>Purchase</u> N	Υ	10577	Amount of Each Receipt this Period
	FEC ID number of contributing			0100.00
federal political committee.				2100.00
	· · · · · · · · · · · · · · · · · · ·			
	Lauranaa Diihan Campany Ina	cupation		Line is to conserve at Dans to Conserve at the
	Re		te Developer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
		ection C	ycle-to-Date ▼	
	Primary X General		4100.00	
	Other (specify)		7100.00	
_			1	
				4450.00
S	UBTOTAL of Receipts This Page (optional)			4430.00
T	OTAL This Period (last page this line number only)			

Wendy Sandler

Mamaroneck

Name of Employer N/A

Primary

Other (specify)

Receipt For:

B. Arthur Savage

Pelham

Name of Employer Self Employed

Primary

Other (specify)

2006

X General

Receipt For:

City

City

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

PAGE 7/27 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 839 Orienta Ave 10 07 2006 State Zip Code Transaction ID: C6834019 NY 10543 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 C federal political committee. Occupation Homemaker Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 2006 Election Cycle-to-Date X General 2000.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 221 Corona Avenue 16 2006 Zip Code State Transaction ID: C6838889 NY 10803 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Occupation Attorney Limit Increased Due to Opponent's

800.00

SUBTOTAL of Receipts This Page (optional)	•	2100.00
TOTAL This Period (last page this line number only)	•	7800.00

Election Cycle-to-Date

Spending (2 U.S.C. 441a(i)/441a-1)

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 27 (check only one) 11a 11b X 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
۹.	Full Name (Last, First, Middle Initial) American Academy of Pediatric Dentistry PAC Mailing Address 211 East Chicago Ave	nue, Suite 7	00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C6842106
	Chicago	IL	60611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0365965	2500.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	Sycle-to-Date ▼ 2500.00	Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Desert Caucus PAC Mailing Address PO BOX 31564	esert Caucus PAC		Date of Receipt
	City	10 10 2006		
	Tucson	State AZ	Zip Code 85751	Transaction ID: C6835458 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0102368	1000.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006 □ Primary X General Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
<u> </u>	Full Name (Last, First, Middle Initial) Joint Action Committee for Political Affairs			Date of Receipt
	Mailing Address PO BOX 105			10 18 2006
	City	State	Zip Code	Transaction ID: C6842108
	Highland Park	<u>IL</u>	60035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0139659	1000.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	Sycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			4500.00
т.	OTAL This Period (last page this line number	only)		

	EDULE A (FEC Form 3 IIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 27 (check only one)
Any inf	formation copied from such Reports and commercial purposes, other than using t	d Statements may	 y not be sold or used by any perso dress of any political committee to	12 13a 13b 14 15 on for the purpose of soliciting contributions a solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) a Lowey for Congress			
A. Loc Mai	Name (Last, First, Middle Initial) kheed Martin Employees PAC ling Address 1550 Crystal Drive, solution C ID number of contributing eral political committee. The of Employer Seipt For: 2006	State VA C C00 Occupation	Zip Code 22202 0303024 n	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
nec	Primary X General Other (specify) ▼	Liection	1000.00	
Mai City		State	Zip Code	Date of Receipt 10 16 2006 Transaction ID: C6838876
FEC	exandria C ID number of contributing eral political committee.	C COO	22305 0100404	Amount of Each Receipt this Period 1000.00
	ceipt For: 2006 Primary X General Other (specify)	Occupation C	n Cycle-to-Date ▼ 4000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Ob-	Name (Last, First, Middle Initial) Gyns For Women's Health PAC ling Address 409 12th Street SW	-		Date of Receipt
FEC	ashington C ID number of contributing eral political committee.	State DC	Zip Code 20024 0364158	1 0 1 0 2 0 0 6 Transaction ID: C6835452 Amount of Each Receipt this Period 2000.00
	ceipt For: 2006 Primary X General Other (specify)	Occupation C	Cycle-to-Date ▼ 3000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBT	OTAL of Receipts This Page (optional)			4000.00
тота	L This Period (last page this line numb	er only)		

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 27 (check only one) 11a 11b X 11c 11d 11d 12 13a 13b 14 15
Any information copied from such or for commercial purposes, other	Reports and Statements mar	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In F Nita Lowey for Congress		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Realtors Political Action Committed Mailing Address 430 N. Miles City Chicago FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2006 Primary X Gener Other (specify) Full Name (Last, First, Middle Sunited Here TIP Campaign Committed Her	State IL C CO Occupation All Initial) Initial State NY C CO Occupation State NY C CO Occupation Election (C) C CO	Zip Code 10001	Date of Receipt M
Full Name (Last, First, Middle VFW Political Action Committee Mailing Address 200 Maryl City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2006 Primary X Gener Other (specify)	State DC C C0 Occupation	Zip Code 20002 0113001 on Cycle-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Pa	age (optional)		8000.00
TOTAL This Period (last page th	nis line number only)		16500.00

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedul for each category of the Detailed Summary Page	e	(check only	NUMBER: PAGE 11 / 27 y one) X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and for commercial purposes, other than using the				
abla	NAME OF COMMITTEE (In Full)				
$ \rangle$	Nita Lowey for Congress				
Α.	Full Name (Last, First, Middle Initial) AMS Communications, Inc. Mailing Address 500 Sansome St, S	te 201			Transaction ID: D130636 Date of Disbursement
	City San Francisco	State Zip Code CA 94111			Amount of Each Disbursement this Period
	Purpose of Disbursement Direct mail printing and postage	<u> </u>	Тг	•	53133.00 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	sbursement For: 2006 Primary X Gene Other (specify) ▼	ral		
	State: District:				
В.	Full Name (Last, First, Middle Initial) AMS Communications, Inc.				Transaction ID: D130658 Date of Disbursement
	Mailing Address 500 Sansome St, S	10 18 7 2006			
	City San Francisco	State Zip Code CA 94111			Amount of Each Disbursement this Period
	Purpose of Disbursement Direct mail printing and postage		50797.00 Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	sbursement For: 2006 Primary X Gene Other (specify)	ral		
	State: District:				
C.	Full Name (Last, First, Middle Initial) Beta Parking				Transaction ID: D130639 Date of Disbursement
	Mailing Address 545 5th Avenue				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix} $
	City New York	State Zip Code NY 10017			Amount of Each Disbursement this Period
	Purpose of Disbursement		200.00		
	Monthly Parking Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Dis	sbursement For: Primary Gene Other (specify)	ral	76-	
	State: District:	. (-1:)/ •			
s	UBTOTAL of Disbursements This Page (opt	onal)		•	104130.00

SCHEDULE B (FEC Form 3) Use seperate schedule(s)				NUMBER: PAGE 12/27			
ITEMIZED DISBURSEMENTS		rs				check onl	
				Summary Page			X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports a for commercial purposes, other than using						for the purpose of solicating contributions licit contributions from such committee
Λ	NAME OF COMMITTEE (In Full)						
V	Nita Lowey for Congress						
_	Full Name (Last, First, Middle Initial)						Transaction ID: D130623
A.	CTS Holdings, LLC						Date of Disbursement
	Mailing Address 2525 Horizon La	ke Drive,	Suite 120)			1 0 M / 0 6 / Y 2 0 0 6 Y
	City		State	Zip Code			Amount of Each Disbursement this Period
	Memphis		ΓΝ	38133			25.00
	Purpose of Disbursement Merchant Fee						35.00
	Candidate Name				Cate	egory/	Refund or Disposal of Excess Contributions Required Under
						ype	11 C.F.R. 400.53
	Office Sought: House	Disburser					
	Senate President		Primary	General			
	State: District:		Other (spe	city) 🔻			
	Full Name (Last, First, Middle Initial)						Transaction ID: D130642
В.	Deer Park Spring Water						Date of Disbursement
	Mailing Address Processing Center						10 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address Processing Cent PO Box 52271	er					
	City		State	Zip Code			Amount of Each Disbursement this Period
	Phoenix Pichura areast	/	AZ	85072-2271			20.49
	Purpose of Disbursement Office Supplies						Refund or Disposal of Excess
	Candidate Name				Cate	egory/	Contributions Required Under
					Ty	уре	11 C.F.R. 400.53
	Office Sought: House Senate	Disburser	nent For: Primary	General			
	President		Other (spe				
	State: District:		` '	, ·			
_	Full Name (Last, First, Middle Initial)						Transaction ID: D130632
C.	Sarah Eckstein						Date of Disbursement
	Mailing Address 15 Carlin Street						10 13 / 2006
	City Norwalk		State CT	Zip Code 06851			Amount of Each Disbursement this Period
	Purpose of Disbursement		- •	33331			1077.64
	Payroll Expense		Ι.		Refund or Disposal of Excess		
	Candidate Name					egory/ ype	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser				<u> </u>	
	Senate President		Primary Other (spe	General			
	State: District:		Other (spe	ciry) 🔻			
Г	2.0						
١	IIRTOTAL of Dishursements This Page	(ontional)					1133.13

9	CHEDULE B (FEC Form 3	\					
ITEMIZED DISBURSEMENT		Use seperate schedule(s)				(check only	NUMBER: PAGE 13 / 27 one)
				Summary Page			X 17
_	16 11 18	1011				L	20a 20b 20c 21
	y Information copied from such Reports an for commercial purposes, other than using						
\setminus	NAME OF COMMITTEE (In Full)						
/	Nita Lowey for Congress						
<u></u>	Full Name (Last, First, Middle Initial)						Transaction ID: D130606
Α.	Sarah Eckstein						Date of Disbursement
	Mailing Address 15 Carlin Street						$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} & \begin{bmatrix} D & D \\ 0 & 1 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	City Norwalk	State	€	Zip Code 06851			Amount of Each Disbursement this Period
	Purpose of Disbursement	- 01		00031	_		65.33
	Health Insurance Expense Reimbursem						Refund or Disposal of Excess
	Candidate Name					ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disbursemen	t For:)I	
	Senate		mary	General			
	State: President District:	Otr	ner (spec	city) 🔻			
_	Full Name (Last, First, Middle Initial)						Transaction ID: D130610
В.	FEDEX						Date of Disbursement
	Mailing Address PO BOX 1140						$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & 0 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Q \\ 2 & 0 & Q & G \end{bmatrix}$
	City	State		Zip Code			Amount of Each Disbursement this Period
	Memphis	TN		38101			11.41
	Purpose of Disbursement Deliveries						Refund or Disposal of Excess
	Candidate Name					ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate	Disbursemen	t For: mary	General			
	President		ner (spec				
	State: District:						
C	Full Name (Last, First, Middle Initial)						Transaction ID: D130611
٥.	FEDEX	Date of Disbursement					
	Mailing Address PO BOX 1140						$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & 2 & 0 & Q & G \end{bmatrix}$
	City Memphis	State TN	9	Zip Code 38101			Amount of Each Disbursement this Period
	Purpose of Disbursement	114		00101			11.41
	Deliveries				Refund or Disposal of Excess		
	Candidate Name					ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disbursemen	t For:				
	Senate		mary	General			
	State: President District:	Oth	ner (spec	city) 🔻			
Г	21001100						
ls	UBTOTAL of Disbursements This Page (c	optional)					88.15

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	for each	erate schedule(s) category of the Summary Page	(check only	NUMBER: PAGE 14 / 27 y one) X 17
	y Information copied from such Reports and State for commercial purposes, other than using the nan				for the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress				
Α.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 1140				Transaction ID: D130644 Date of Disbursement M M M / D1 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Memphis Purpose of Disbursement	State TN	Zip Code 38101		Amount of Each Disbursement this Period 26.22
	Deliveries Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼		
В.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 1140				Transaction ID: D130645 Date of Disbursement 10
	City Memphis	State TN	Zip Code 38101		Amount of Each Disbursement this Period 70.42
	Purpose of Disbursement Deliveries Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs	ement For: Primary Other (spe	General ecify) ▼	71-	
C.	Full Name (Last, First, Middle Initial) Ford Credit				Transaction ID: D130602 Date of Disbursement
	Mailing Address PO Box 220564				10
	City Pittsburgh	State PA	Zip Code 15257-2564		Amount of Each Disbursement this Period 345.99
	Purpose of Disbursement Monthly Car Lease Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: Senate President State: Disburs Disburs	ement For: Primary Other (spe	General ecify) ▼		
[UBTOTAL of Disbursements This Page (optional)				442.63
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SCHEDULE B (FEC Form 3)					1	FOR LINE NUMBER:				PAGE 15/27			
ITEMIZED DISBURSEMENTS			Use seperate schedule(s) for each category of the			(check only							
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	y Information copied from such Reports and for commercial purposes, other than using t												
Ν	NAME OF COMMITTEE (In Full)												
V	Nita Lowey for Congress												
_	Full Name (Last, First, Middle Initial)						Trans	actio	n ID:	D13	0603		
Α.	Jennifer Frost						Date	_					
	Mailing Address 2737 Devonshire Place NW #325							M /	0	1 /	Y	2006	
	City		tate	Zip Code			Amou	nt of	Each	Disbu	ırsem	ent this Period	
	Washington		DC	20008							-	5000.00	
	Purpose of Disbursement Fundraising Consulting Fee					•	D.	fund	l or Di	0000	of Ex		
	Candidate Name				C	ategory/	L Co	ontrib	utions	Req	uired l		
						Туре	11	C.F.	.R. 40	0.53			
		Disbursen											
	Senate President		Primary	General									
	State: District:		Other (spe	еспу) 🔻									
_	Full Name (Last, First, Middle Initial)						Trans	ootio	ın ID.	D10	0604		
В.	Jennifer Frost						Date of		burse	ement		V ° V ° V	
	Mailing Address 2737 Devonshire Place NW #325						10 1 0 1 7 2 0 0 6						
	City Washington		tate DC	Zip Code 20008			Amou	nt of	Each	Disbu	ırsem	ent this Period	
	Purpose of Disbursement Travel Expense Reimbursement						42.00 Refund or Disposal of Excess						
	Candidate Name				С	ategory/ Type			utions .R. 40		uired l	Jnder	
	Office Sought: House Senate	Disbursen	nent For: Primary	General									
	President		Other (spe	ecify)									
	State: District:												
C.	Full Name (Last, First, Middle Initial) G.E. Capital						Trans Date o	of Dis	burse	ement			
	Mailing Address PO BOX 642111						1 ^M 0	M /	0	1 /	Y	ž 0 0 6 °	
	City Pittsburgh		tate PA	Zip Code 15264			Amou	nt of	Each	Disbu	ırsem	ent this Period	
	Purpose of Disbursement											180.21	
	Equipment Rental Candidate Name Category/ Type							ontrib		Req	of Exuired U		
	Senate		Primary	General		76-							
	President State: District:		Other (spe	ecity) 🔻									
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SCHEDULE B (FECFOIII 3)	Use seperate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	
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NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Full Name (Last, First, Middle Initial) Key Post Realty Corp.			Transaction ID: D130607 Date of Disbursement M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 26			2000
City New Rochelle	State Zip Code NY 10802		Amount of Each Disbursement this Period
Purpose of Disbursement Office Rent Candidate Name	[Category/	1466.66 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	Туре	11 6.1 180.86
Full Name (Last, First, Middle Initial) 3. NetCampaign, LLC			Transaction ID: D130641 Date of Disbursement
Mailing Address 718 7th Street, NW Suite 300			10 M / D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20001		Amount of Each Disbursement this Period
Purpose of Disbursement Web Hosting Candidate Name		Category/	137.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) NGP Software, Inc.			Transaction ID: D130609 Date of Disbursement
Mailing Address 5039 Connecticut Ave, N	IW		$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} \end{bmatrix}$
City Washington	State Zip Code DC 20008		Amount of Each Disbursement this Period
Purpose of Disbursement Software Rental Fees		•	1500.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)		<u>•</u>	3104.16
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Use seperate sch for each category Detailed Summar	redule(s) FOR LINE NUMBER: PAGE 17 / 27 (check only one)
	or the `
Any Information copied from such Reports and Statements may not be sol or for commercial purposes, other than using the name and address of any	d or used by any person for the purpose of solicating contributions
NAME OF COMMITTEE (In Full) Nita Lowey for Congress	
Full Name (Last, First, Middle Initial) A. Noam Bramson Mailing Address 201 Pinebrook Boulevard	Transaction ID: D130605 Date of Disbursement 10 0 1
City State Zip Co New Rochelle NY 1080 Purpose of Disbursement Political Consulting Services Candidate Name	
Office Sought: House Disbursement For:	Type 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Paychex, Inc. Mailing Address 100 Painters Mill Road	Transaction ID: D130633 Date of Disbursement 10
PO Box 388 City State Zip Co Owings Mills MD 2111 Purpose of Disbursement Payroll Taxes	7 401.25
Candidate Name Office Sought: House Disbursement For:	Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
President Other (specify) ▼ State: District:	
Full Name (Last, First, Middle Initial) C. Paychex, Inc.	Transaction ID: D130626 Date of Disbursement
Mailing Address 100 Painters Mill Road PO Box 388	1 0 M / D 1 0 / Y 2 0 0 6 Y
City State Zip Co Owings Mills MD 2111 Purpose of Disbursement	
Payroll Processing Fee Candidate Name	Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
President Other (specify) ▼	General
State: District:	

SUBTOTAL of Disbursements This Page (optional)

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or for	r commercial purposes, other than using the name		L	
N N	<u> </u>	and address of any political		
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
A. _F	Full Name (Last, First, Middle Initial) PCMS, LLC			Transaction ID: D130624 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 5304 McKinley Street			10 09 2006
		State Zip Code MD 20814		Amount of Each Disbursement this Period
Α	Purpose of Disbursement Accounting Services Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: Senate President Disburse District:	ment For: Primary General Other (specify)	Туре	
_	Full Name (Last, First, Middle Initial) PCMS, LLC			Transaction ID: D130625 Date of Disbursement
M	Mailing Address 5304 McKinley Street		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 \end{smallmatrix} \begin{smallmatrix} M & M \\ 1 \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D & D \\ I \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D & D \\ I \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & D \\ I & I & I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & I & I \\ I & I & I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} I & I & I & I \\ I & I & I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} I & I & I & I \\ I & I & I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} I & I & I & I \\ I & I & I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} I & I & I & I \\ I & I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} I & I & I \\ I & I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} I & I & I \\ I & I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} I & I & I \\ I & I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} I & I & I \\ I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} I & I & I \\ I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} I & I & I \\ I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} I & I & I \\ I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} I & I \\ I & I \end{bmatrix} \begin{bmatrix} I & I \\ I & I \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} I & I \\ I & I \end{bmatrix} \begin{bmatrix} I & I \end{bmatrix} \begin{bmatrix} I & I \\ I & I \end{bmatrix} \begin{bmatrix} I & I \end{bmatrix} \begin{bmatrix} I & I \\ I & I \end{bmatrix} \begin{bmatrix} I & I \end{bmatrix} \begin{bmatrix} I & I \\ I & I \end{bmatrix} \begin{bmatrix} I & I \end{bmatrix} \begin{bmatrix} I & I \\ I & I \end{bmatrix} \begin{bmatrix} I & I \end{bmatrix} \begin{bmatrix} I & I \\ I & I \end{bmatrix} \begin{bmatrix} I & I \end{bmatrix} \begin{bmatrix} I & I \\ I & I \end{bmatrix} \begin{bmatrix} I & I \end{bmatrix} \begin{bmatrix} I & I \\ I & I \end{bmatrix} \begin{bmatrix} I \end{bmatrix} \begin{bmatrix} I & I \end{bmatrix} \begin{bmatrix} I \end{bmatrix} \end{bmatrix} \begin{bmatrix} I \end{bmatrix} \end{bmatrix} \begin{bmatrix} I \end{bmatrix} \begin{bmatrix}$	
		State Zip Code MD 20814		Amount of Each Disbursement this Period
A	Purpose of Disbursement Accounting Services Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President District:	ment For: Primary General Other (specify)	Туре	11 0.1 .11. 400.30
	Full Name (Last, First, Middle Initial) PhotoBureau Inc.			Transaction ID: D130640 Date of Disbursement
N	Mailing Address 105 Garth Rd. #1H			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} $
		State Zip Code NY 10583		Amount of Each Disbursement this Period
P	Purpose of Disbursement Photography Services Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President District:	ment For: Primary General Other (specify)	21.5	
	BTOTAL of Disbursements This Page (optional) .			3090.24

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	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the		FOR LINE (check only	_	PAGE	19 / 2/
	EMIZED DISBURSEMEN IS	Detailed Summary Pag				19a 🗌 20c 📗	19b 21
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam						
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress						
Α.	Full Name (Last, First, Middle Initial) Jose Luis Ramirez				Transaction ID: D13 Date of Disbursemen	t	0 0 6 °
	Mailing Address 202 Union Ave #5						
	City New Rochelle	State Zip Code NY 10801			Amount of Each Disb		
	Purpose of Disbursement Event Photographer			•	Refund or Dispos		500.00 ss
	Candidate Name			Category/ Type	Contributions Rec 11 C.F.R. 400.53	quired Und	der
	Office Sought: House Disburse Senate President	ement For: Primary Genera Other (specify)	al				
	State: District:						
В.	Full Name (Last, First, Middle Initial) Ryan Phillips Utrecht & MacKinnon				Transaction ID: D13 Date of Disbursemen		
	Mailing Address 1133 Connecticut Avenu	ie NW			$\begin{bmatrix} 1 & 0 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 1 \end{bmatrix}$	y y 2	0 0 6
	City Washington	State Zip Code DC 20036			Amount of Each Disb	oursement	this Period
	Purpose of Disbursement Legal Services		\Box	1255.70 Refund or Disposal of Excess			
	Candidate Name			Category/ Type	Contributions Rec 11 C.F.R. 400.53		
	Senate President	ement For: Primary General Other (specify)	al				
	State: District:						
C.	Full Name (Last, First, Middle Initial) TerraPath				Transaction ID: D13 Date of Disbursemen	t	
	Mailing Address 350 Theodore Fremd Av Suite 300	renue			10 0 1	Ž Ž	0 0 6 °
	City Rye	State Zip Code NY 10580			Amount of Each Disb	oursement	this Period
	Purpose of Disbursement						342.59
	Computer Services Candidate Name			Category/	Refund or Dispos Contributions Rec 11 C.F.R. 400.53	quired Und	
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	I	. 7,50			
	State: District:						
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	y Information copied from such Reports a for commercial purposes, other than using				for the purpose of solicating contributions	
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress					
Α.	Full Name (Last, First, Middle Initial) Verizon				Transaction ID: D130637 Date of Disbursement M M M / D1 D / Y Y Y O Y O O O	
	Mailing Address 350 Granite Stre	et State	Zip Code		Amount of Each Disbursement this Period	
	Braintree	MA	02184		Amount of Each Dispursement this Period	
	Purpose of Disbursement Telephone Service			V V	332.91 Refund or Disposal of Excess	
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Senate President	Disbursement For: Primary Other (sp	General pecify) ▼			
_	State: District: Full Name (Last, First, Middle Initial)					
В.	Verizon				Transaction ID: D130638 Date of Disbursement 10 17 2006	
	Mailing Address 350 Granite Stre	et		10 17 2006		
	City Braintree	State MA	Zip Code 02184		Amount of Each Disbursement this Period	
	Purpose of Disbursement Telephone Service			308.9		
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Senate President	Disbursement For: Primary Other (st	General Gecify) ▼			
	State: District:	Otrici (3)	occiny) 🔻			
C.	Full Name (Last, First, Middle Initial) American Express				Transaction ID: D130614 Date of Disbursement	
	Mailing Address PO BOX 1270				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$	
	City Newark	State NJ	Zip Code 07101		Amount of Each Disbursement this Period	
	Purpose of Disbursement Credit Card Payment			· ·	202.14 Refund or Disposal of Excess	
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Senate President	Disbursement For: Primary Other (sp	General pecify) ▼			
	State: District:					
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	y Information copied from such Reports a for commercial purposes, other than using					for the purpose of solicating contributions colicit contributions from such committee
Λ	NAME OF COMMITTEE (In Full)					
17	Nita Lowey for Congress					
<u></u>	Full Name (Last, First, Middle Initial)					ID D100015
A.	American Express					Transaction ID: D130615 Date of Disbursement
	Mailing Address PO BOX 1270					
	City		State	Zip Code		Amount of Each Disbursement this Period
	Newark Purpose of Disbursement	I	NJ	07101		35.00
	Membership Fee					Refund or Disposal of Excess
	Candidate Name				Category/	Contributions Required Under
					Туре	11 C.F.R. 400.53 - [MEMO ITEM]
	Office Sought: House	Disburser		General		[]
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	Full Name (Last, First, Middle Initial)					Transaction ID: D130619
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	Walling / Walless					
	City		State	Zip Code		Amount of Each Disbursement this Period
	Mamaroneck	[NY	10543		34.12
	Purpose of Disbursement Travel Expense					Refund or Disposal of Excess
	Candidate Name				Category/	Contributions Required Under
					Type	11 C.F.R. 400.53 - [MEMO ITEM]
	Office Sought: House Senate	Disburser	nent For: Primary	General		[]
	President		Other (spec			
	State: District:		(-	-) / \		
_	Full Name (Last, First, Middle Initial)					Transaction ID: D130643
C.	American Express					Date of Disbursement
	Mailing Address PO BOX 1270					M M / D T 7 / Y Y Y O O 6 Y
	City Newark		State NJ	Zip Code 07101		Amount of Each Disbursement this Period
	Purpose of Disbursement					2568.30
	Credit Card Payment					Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser	ment For:		- 7,50	†
	Senate		Primary	General		
	President		Other (spec	cify)		
_	State: District:					
s	UBTOTAL of Disbursements This Page	optional)			.	2568.30

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	y Information copied from such for commercial purposes, other														
\setminus	NAME OF COMMITTEE (In F	Full)													
\rangle	Nita Lowey for Congress														
_	Full Name (Last, First, Middle	Initial)				-	Trans	acti	on ID:	D13	0647				
Α.	AMTRAK							Date of Disbursement							
	Mailing Address 60 Massachusetts Ave, NE								$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & 1 & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & O & O & O \\ 2 & 0 & O & O & O \end{bmatrix}$						
	City		State	Zip Code			Amou	nt o	f Each	Disb	urseme	ent tl	his Period	_	
	Washington DC 20000								-		-	_		π	
	Purpose of Disbursement											2	87.00		
	Travel					Г					al of Ex				
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]									
	Office Sought: House Senate Preside		ement For: Primary Other (spe	General ocify) ▼		L		Ο.							
	State: District:														
В.	Full Name (Last, First, Middle Citgo	Initial)							on ID	_	0657				
	Mailing Address							100							
	City Code								Amount of Each Disbursement this Period						
	City State Zip Code Mamaroneck NY 10543							34.48					٦		
	Purpose of Disbursement Travel Expense						Refund or Disposal of Excess					_			
	Candidate Name	Category/ Type	L	Co	ontri C.F	bution: R. 40	s Req 00.53	uired (Jnde	er					
	Office Sought: House		ן ני	MEM	ΟI	TEM]									
	Senate	_	Primary	General											
	Ctata: Preside	ent	Other (spe	ecity) 🔻											
	State: District:	Initial)													
C.	Full Name (Last, First, Middle Dell Direct Sales	miliai)					Date	of D	isburs	ement	0646				
	Mailing Address One De	ll Way				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$									
	City							nt o	f Each	Disb	urseme	ent tl	his Period		
	Round Rock TX 78682						171.10								
	Purpose of Disbursement Computer Equipment	Refund or Disposal of Exce				_	74.43 s	_							
	Candidate Name Category/							Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]					er		
	Office Sought: House	Disburs	ement For:			ן ני	IVI L IVI	υI	i EIVI]						
	Senate		Primary	General											
	State: Preside	ent	Other (spe	ecity) 🔻											

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SCHEDULE B (FEC Form 3) Use seperate sch		seperate schedule(s)		NUMBER: PAGE 23 / 27				
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					20a 20b 20c 21			
	y Information copied from such Reports and S for commercial purposes, other than using the							
\setminus	NAME OF COMMITTEE (In Full)							
\rangle	Nita Lowey for Congress							
	Full Name (Last, First, Middle Initial)				Transaction ID: D130651			
A.	Delta Airlines				Date of Disbursement			
					M M / D D / Y Y Y			
	Mailing Address 200 La Guardia Airp	ort			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City	State	Zip Code		Amount of Each Disbursement this Period			
	Jamaica	NY	11431					
	Purpose of Disbursement				648.60			
	Airfare				Refund or Disposal of Excess			
	Candidate Name			Category/	Contributions Required Under			
				Type	11 C.F.R. 400.53			
	Office Sought: House Dis	bursement Fo	nr.	71	[MEMO ITEM]			
	Senate	Primar						
	President		specify) \blacktriangledown					
	State: District:	Other (Specify)					
В.	Full Name (Last, First, Middle Initial)				Transaction ID: D130653			
Ь.	ExxonMobil	Date of Disbursement						
	Mailian Address COOR I I A	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	Mailing Address 339 Pennsylvania A	/e, SE			10 17 2000			
	City	Amount of Each Disbursement this Period						
	Washington		Amount of Each Disbursement this Ferrod					
	Purpose of Disbursement		43.94					
	Travel				Refund or Disposal of Excess			
	Candidate Name	Category/	Contributions Required Under					
	Calididate Name		Type	11 C.F.R. 400.53				
	Office Occupies Theorem 1 Pic			туре	[MEMO ITEM]			
	9 🗎	bursement Fo						
	Senate	Primar						
	President	Other (specify)					
	State: District:							
_	Full Name (Last, First, Middle Initial)				Transaction ID: D130649			
C.	Golden Carriage Limousine				Date of Disbursement			
	Mading Address 047 No. II				10 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 347 Midland Avenue	!			10 17 2000			
	City	State	Zip Code		Amount of Each Disbursement this Period			
	Rye	NY	10580		Amount of Each Biobardoment this I choa			
	Purpose of Disbursement	403.63						
	Travel		Refund or Disposal of Excess					
	Candidate Name			Catagory	Contributions Required Under			
	Sandado Hamo			Category/ Type	11 C.F.R. 400.53			
	Office Squaht: House Di-	huroomont F-	ar.	1 300	[MEMO ITEM]			
	· -	bursement Fo						
	Senate	Primary	'					
	President	Uther (specify)					
	State: District:							
s	UBTOTAL of Disbursements This Page (option	onal)			0.00			

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

NAME OF COMMITTEE (In Full) Nita Lowey for Congress

FOR LINE NUMBER: PAGE 24/27 Use seperate schedule(s) (check only one) for each category of the 19b Detailed Summary Page 18 20a 20b 20c Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

Α.	Full Name (Last, First, Middle Initia U.S. Postmaster	1)	Transaction ID: D130648 Date of Disbursement			
	Mailing Address 620 Mamar	oneck Ave	M M / D 1 7 / Y 2 0 0 6 Y			
	City White Plains	State Zip Code NY 10605	Amount of Each Disbursement this Period			
	Purpose of Disbursement Postage		164.65 Refund or Disposal of Excess			
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	[MEMOTIEM]			
	State: District:					
В.	Full Name (Last, First, Middle Initia US Airways	1)	Transaction ID: D130650 Date of Disbursement			
	Mailing Address 2345 Crysta	l Drive	MO M / D 1 7 / Y 2 0 0 6 Y			
	City Arlington	State Zip Code VA 22227	Amount of Each Disbursement this Period			
	Purpose of Disbursement Airfare		633.60 Refund or Disposal of Excess			
	Candidate Name	Category/ Type	Contributions Required Under			
	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	- [MEMO ITEM]			
	State: District:					

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	0.00
TOTAL This Period (last page this line number only)	•	127805.93

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)		IE NUMBER: PAGE 25 / 27					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a 20b 20c X 21					
Any Information copied from such Reports and State or for commercial purposes, other than using the nare								
NAME OF COMMITTEE (In Full) Nita Lowey for Congress								
Full Name (Last, First, Middle Initial) Clarkstown Democratic Committee			Transaction ID: D130630 Date of Disbursement M / D D / Y Y Y O O O					
Mailing Address PO Box 442			10 12 2006					
City New City	State Zip Code NY 10956		Amount of Each Disbursement this Period					
Purpose of Disbursement Nonfederal Contribution Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼	Туре						
Full Name (Last, First, Middle Initial) Eastchester Democratic Committee			Transaction ID: D130622 Date of Disbursement					
Mailing Address 66 Stebbins Avenue			$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix}$					
City Eastchester	State Zip Code NY 10709		Amount of Each Disbursement this Period					
Purpose of Disbursement Nonfederal Contribution			500.00 Refund or Disposal of Excess					
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼							
Full Name (Last, First, Middle Initial) Mamaroneck Town Democrats			Transaction ID: D130628 Date of Disbursement					
Mailing Address 47 Vine Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 2 & 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Q & Q \\ Y & Z & Q & Q & Q & Q \end{bmatrix}$					
City Mamaroneck	State Zip Code NY 10543		Amount of Each Disbursement this Period					
Purpose of Disbursement Nonfederal Contribution		•	500.00 Refund or Disposal of Excess					
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼							
SUBTOTAL of Disbursements This Page (optional)		2000.00					
TOTAL This Period (last page this line number only	y)							

ry Information copied from such Reports and State for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) New York State Democratic Committee			17 18 19a 19b 20a 20b 20c X 21 for the purpose of solicating contributions
for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial)			
Nita Lowey for Congress Full Name (Last, First, Middle Initial)			
Full Name (Last, First, Middle Initial)		- 1	
New York State Democratic Committee			Transaction ID: D130635
New York State Democratic Committee		Date of Disbursement	
Mailing Address 60 Madison Avenue Su	uite 1201		
City New York	State Zip Code NY 10010		Amount of Each Disbursement this Period
Purpose of Disbursement Unlimited Party Transfer		• •	5000.00
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbut Senate President State: District:	rsement For: Primary General Other (specify)	,,	
Full Name (Last, First, Middle Initial)			Transaction ID: D130629
Ossining Democratic Committee			Date of Disbursement
Mailing Address 36 Ferris Place			$ \begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{bmatrix} D & 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Ossining	State Zip Code NY 10562		Amount of Each Disbursement this Period
Purpose of Disbursement Nonfederal Contribution			500.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbut Senate President State: District:	rsement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) White Plains Democrats			Transaction ID: D130634 Date of Disbursement
Mailing Address 300 Martine Ave			$ \begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{bmatrix} D & 1 & 0 \\ 1 & 6 \end{bmatrix} \begin{bmatrix} Y & Y & Y & 0 & 0 & 0 & 0 \\ 2 & 0 & 0 & 0 & 0 & 0 \end{bmatrix} $
City White Plains	State Zip Code NY 10601		Amount of Each Disbursement this Period
Purpose of Disbursement Nonfederal Transfer			950.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbut Senate President State: District:	rsement For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional	ul)		6450.00

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State:

SCHEDULE B (FEC Form 3)

District:

FOR LINE NUMBER: PAGE 27 / 27 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Transaction ID: D130631 Yonkers Democratic City Committee Date of Disbursement 2006 Mailing Address 955 Yonkers Avenue City State Zip Code Amount of Each Disbursement this Period Yonkers NY 10704 500.00 Purpose of Disbursement Nonfederal Contribution Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House Senate Primary General President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<u> </u>	8950.00